

## PART B - FEE(S) TRANSMITTAL

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7590

06/04/2004

SUGHRUE MION ZINN  
 MACPEAK & SEAS  
 2100 PENNSYLVANIA AVENUE NW  
 WASHINGTON, DC 20037



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/582,842	07/05/2000	KAZUYUKI SUGIYAMA	Q60017	2682

TITLE OF INVENTION: NOVEL COMPLEXES CONTAINING CROSSLINKED AVIDIN, ANALYTICAL METHOD WITH THE USE OF CROSSLINKED AVIDIN AND ANALYTICAL REAGENTS AND KITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DO, PENSEE T	1641	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. SUGHRUE MION,  
 PLLC  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

- |                              |                 |
|------------------------------|-----------------|
| 1. IATRON LABORATORIES, INC. | 1. TOKYO, JAPAN |
| 2. KIKKOMAN CORPORATION      | 2. CHIBA, JAPAN |

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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(Authorized Signature)

Susan J. Mack

(Date)

Reg. 30,951

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